

**TRANSMITTAL
FORM**

Application Serial Number	09/901,473
Filing Date	July 10, 2001
First Named Inventor	Raike
Group Art Unit	2132
Examiner Name	Ungar, Daniel
Attorney Docket No.	SMD-001
Patent No.	Not applicable
Issue Date	Not applicable

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Check Attached <input type="checkbox"/> Copy of Fee Transmittal Form	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application <input type="checkbox"/> Formal Drawing(s)	<input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences <input type="checkbox"/> Appeal Brief (in triplicate)
<input checked="" type="checkbox"/> Amendment/Response <input type="checkbox"/> Preliminary <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets ____]	<input type="checkbox"/> Request For Continued Examination (RCE) Transmittal <input type="checkbox"/> Power of Attorney (Revocation of Prior Powers) <input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Status Inquiry <input checked="" type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8 <input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8
<input checked="" type="checkbox"/> Petition for Extension of Time	<input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application	<input type="checkbox"/> Additional Enclosure(s) (please identify below)
<input type="checkbox"/> Supplemental Information Disclosure Statement <input type="checkbox"/> Form PTO-1449 <input type="checkbox"/> Copy of IDS Citations	<input type="checkbox"/> Small Entity Statement <input type="checkbox"/> CD(s) for large table or computer program	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Amendment After Allowance	
<input type="checkbox"/> Sequence Listing submission <input type="checkbox"/> Paper Copy/CD <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Statement verifying identity of above	<input type="checkbox"/> Request for Certificate of Correction <input type="checkbox"/> Certificate of Correction (in duplicate)	

CORRESPONDENCE ADDRESS

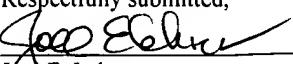
Direct all correspondence to: Patent Administrator
 Goodwin Procter LLP
 Exchange Place
 Boston, MA 02109
 Tel. No.: (617) 570-1000
 Fax No.: (617) 523-1231

SIGNATURE BLOCK

Respectfully submitted,


 Joel E. Lehrer
 Attorney for Applicants
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 Boston, MA 02109

	Complete if Known	
	Application Serial Number	09/901,473
	Filing Date	July 10, 2001
	First Named Inventor	Raike
	Group Art Unit	2231
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TRADEMARK METHOD OF PAYMENT		FEE CALCULATION (continued)																																																							
1. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other		3. ADDITIONAL FEES																																																							
2. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 07-1700. <input type="checkbox"/> Required Fees (copy of this sheet enclosed). <input checked="" type="checkbox"/> Additional fee required under 37 CFR 1.16 and 1.17. <input checked="" type="checkbox"/> Overpayment Credit.		Large Entity Fee (\$) Small Entity Fee (\$)	Fee Description Fee Paid																																																						
3. <input checked="" type="checkbox"/> Applicant claims small entity status.																																																									
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Direct all correspondence to:		Respectfully submitted,  Joe E. Lehrer Attorney for the Applicants Goodwin Procter LLP Exchange Place Boston, MA 02109 Tel. No.: (617) 570-1057 Fax No.: (617) 523-1231 Customer No. 051414																																																							